

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **10988321**
APPLICANT(S)

FILING DATE **4-21-88**

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1		1			
2		1		1		
3		1		1		
4		3		3		
5		3		3		
6		3		3		
7		3		3		
8		3		3		
9		3		3		
10		3		3		
11	1		1			
12		1		1		
13		1		1		
14		1		1		
15		1		1		
16		1		1		
17		1		1		
18		6		6		
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TOTAL IND.	2		2			
TOTAL DEP.	47		47			
TOTAL CLAIMS	49		49			

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